

Health Statistics 2010



City of Long Beach

Department of Health and Human Services | 2013

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Long Beach 2010 Health Statistics

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INTRODUCTION

The City of Long Beach is known for having one of the most diverse populations in the United States. Spanning over 50 square miles, Long Beach is located in southern Los Angeles County and lies along the Pacific Ocean. According to the 2010 census, Long Beach is home to 462,257 people, making it the seventh largest city in California and the 36th largest in the nation. The Long Beach Department of Health and Human Services (Health Department) is over 100 years old. It is unique as one of only three city-operated local health jurisdictions in California (along with Pasadena and Berkeley). Local provision of public health services allows the Health Department to tailor its programs to meet the distinctive and diverse public health and human service needs of the residents of the City of Long Beach.

Measuring Public Health

Many elements contribute to the health of a city, including demographics, healthy lifestyles, disease trends and environmental health. Using various data sources in addition to input from Long Beach residents and professionals in various fields, the Health Department takes the lead in identifying and prioritizing the public health needs for residents. Using local data as a foundation for the planning of disease prevention and health promotion, the Health Department ensures a more targeted impact on improving the quality of life for the residents of Long Beach.

Communicable and Chronic Diseases

Disease surveillance systems maintained by the Health Department provide for the ongoing collection, analysis and dissemination of data to direct resources to prevent and control disease. There are several methods of collecting public health data. The California Code of Regulations, Title 17, Sections 2500 and 2505 require reporting of 85 communicable diseases and conditions to the Health Department's Epidemiology Program. While the exact number of cases of a particular disease at any one time may be difficult to assess because of variations in reporting, the statistics provided in this book are the most reliable estimates of current disease trends in Long Beach in 2010. Important health indicators such as asthma, diabetes and other chronic diseases can be more difficult to collect because they are not reported to local

Health Departments. In these cases, other data sources such as hospital discharge records or data collected by the California Department of Public Health are used to estimate prevalence of chronic diseases in Long Beach.

“The City of Long Beach is known for having one of the most diverse populations in the United States”

Healthy People Goals

Long Beach has reached many of the Healthy People 2010 goals including lower rates of chlamydia for males aged 15-24, campylobacteriosis and infant mortality, yet other areas still need

improvement such as rates of fetal deaths, early prenatal care, low birthweight and gonorrhea. Healthy People 2010, a publication of the US Public Health Service, aims to set goals for communities by measuring specific health indicators. It provides a 10-year agenda of national objectives for improving the health of

“Long Beach is home to 462,257 people, making it the seventh largest city in California...”

the American people. Healthy People 2010 has 467 objectives grouped into 28 focus areas, which include access to quality health services, diabetes, educational programs, environmental health, family planning, HIV, immunizations and nutrition and fitness. Each of these has a specific target goal to be achieved by 2010.

The next generation of Healthy People 2020 uses selected objectives called Leading Health Indicators to help communicate high priority health issues and the actions needed to address them. These indicators are used to assess the health of the nation, facilitate collaboration across sectors and motivate action at all levels to improve the health of the U.S. population. Moving forward, the Health Department will continue to refer to Healthy People 2020 to measure and evaluate the health of Long Beach residents.

Sources: www.healthypeople.gov/2020 | www.cdc.gov/nchs/healthy_people/hp2010/DATA2010.htm

Public Health Surveillance

Epidemiology

The Epidemiology Program is responsible for collecting data through integrated surveillance systems to detect, monitor, report and evaluate public health threats. In Long Beach, the Epidemiology Program receives over 5,000 communicable disease reports each year, and is responsible for investigating communicable diseases to determine whether an outbreak is occurring, identify the pathogen and vehicle of transmission and prevent communicable diseases from spreading or recurring. The Epidemiology Program collaborates with the five Long Beach hospitals, local healthcare providers, veterinarians, laboratories, schools, colleges, state and local public health agencies and the community to immediately identify and respond to unusual occurrences of disease and protect the public's health. The epidemiologists also work to analyze, interpret and disseminate local data in effort to identify public health disparities and trends as they change.

Vital Records

The Vital Statistics Program is another program that collects data on the health of Long Beach residents and is responsible for processing certificates for births and deaths occurring within the City of Long Beach. Staff review records for accuracy and completeness, enter data into the State's Automated Vital Statistics System and Electronic Death Registration System and accept and validate the certification for registration.

HIV Surveillance

The HIV Surveillance Program works to monitor the HIV epidemic and provide data for prevention efforts. This includes soliciting, receiving, reviewing and filing HIV/AIDS case reports in a timely manner, determining if reports meet case definitions, ensuring the collection of all required information through follow-up investigations and maintaining a complete and accurate HIV/AIDS surveillance database.

“The HIV Surveillance Program works to monitor the HIV epidemic and provide data for prevention efforts.”

OVERVIEW

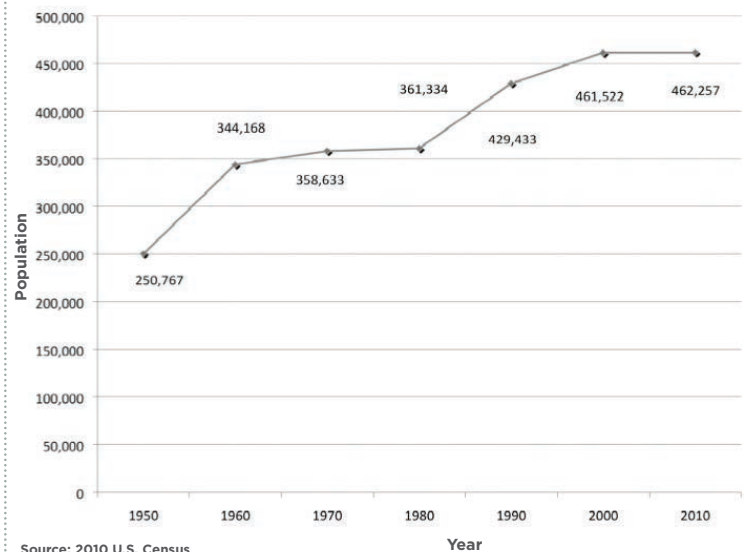
Diversity

The City of Long Beach is extremely diverse and represents a wide variety of races and ethnicities, which are important factors in determining health patterns and outcomes. According to the 2010 U.S. Census, 27% of the Long Beach population is foreign born. The majority of foreign-born Long Beach Residents (61%) have emigrated from Latin American countries. In Long Beach, 47% speak a language other than English at home, with 21% speaking English less than “very well”.

Source:

<http://quickfacts.census.gov/qfd/states/06/0643000.html>

Graph 1: Population by year. City of Long Beach, 1950-2010

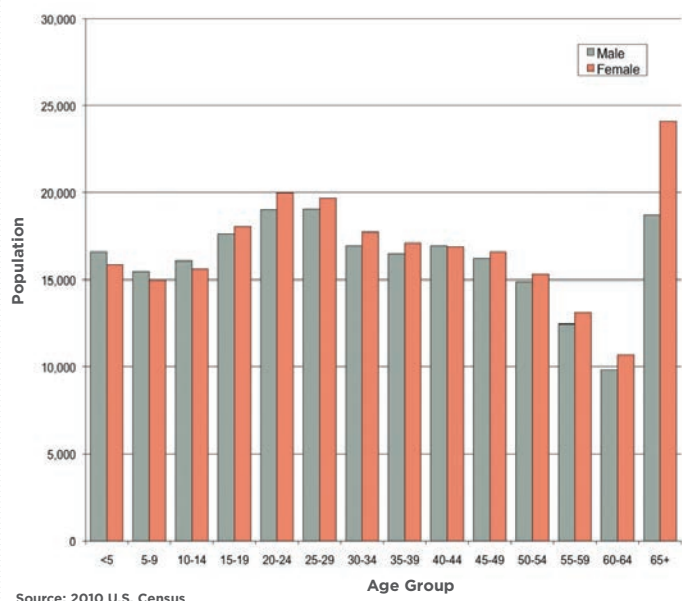


Socio-economic Status

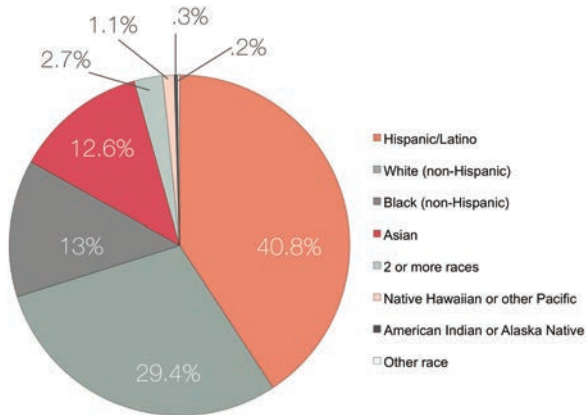
Socio-economic status indicators such as education, income and poverty level are important components that can influence the health of individuals and the community. The socio-economic status of an individual or a family can determine access to health care services, and has been linked to different health outcomes including chronic disease, tobacco use, obesity and adolescent pregnancy.

Education can have a great impact on health. According to the 2010 Census, of those in Long Beach who are 25 years and over, 22% do not have a high school diploma, 20% have a high school diploma only, about 30% have some college or an associate's degree and 28% have either a bachelor's degree or higher. Compared to the 2000 Census, there has been an increase in the number of high school graduates and those who have received a bachelor's degree or higher in Long Beach.

Graph 2: Population by age and sex
City of Long Beach, 2010

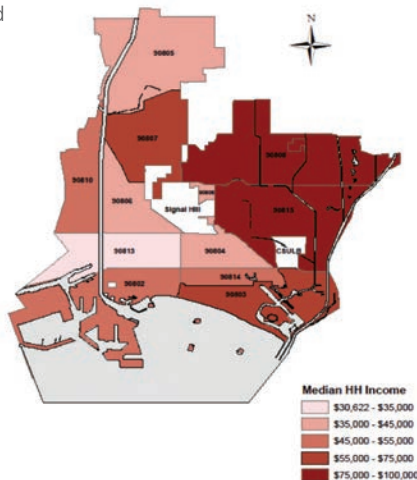


Graph 3: Percentage of population by race. City of Long Beach, 2010



Source: 2010 U.S. Census

Map 1: Median household income by zip code
City of Long Beach



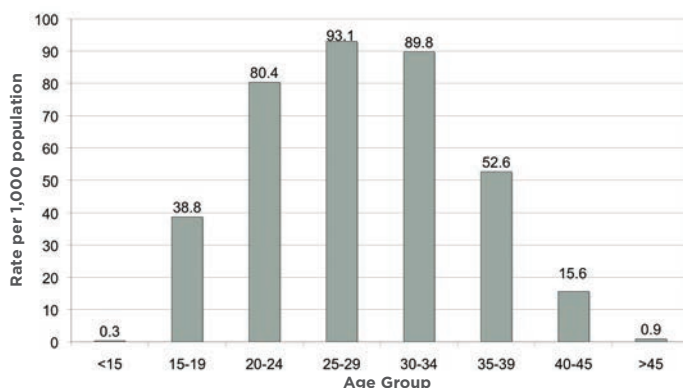
Source: 2010 U.S. Census

Income and poverty levels have also been found to correlate with health outcome. According to the 2010 U.S. Census, 68% of those over 16 years old are in the labor force, 32% are not in the labor force and 10% are unemployed. In 2010, the average household income was

“The socio-economic status of an individual or a family can determine access to health care services, and has been linked to different health outcomes...”

\$71,126. Based on all families in Long Beach, 15% have had an income below the poverty level within the past 12 months, and when evaluated on an individual level the percentage increases to 19%.

Graph 4: Birth rate of mother's age. City of Long Beach, 2010



Rates calculated per 1,000 population. For <15, uses population 10-14 years of age. For >45, uses population 45-49 years of age.

Source: California Department of Public Health, 2010 Vital Records

BIRTH & DEATH

Birth

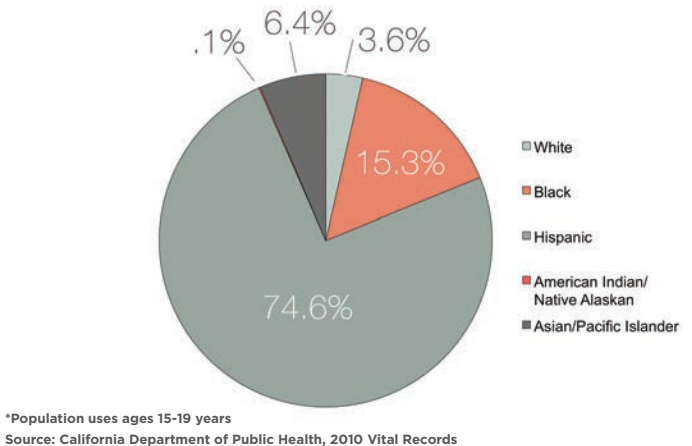
Long Beach has experienced a steady decline in live births in recent years. In 2010, there were 6,915 live births registered with a crude birth rate of 15 births per 1,000 women, compared to 18 in 2005. Birth rate can be used as a measure of fertility and is correlated with household and family size. In 2010, Hispanic women comprised the majority of births with 54%, followed by white women at 17%. Long Beach has also seen a decline of teen births in recent years. In 2008, the teen birth rate was 43 per 1,000 women aged 15-19, which dropped to 39 in 2010. The Healthy People 2010 goal for teenage births is < 5% of all live births, while Long Beach remains higher at 8%.

The Long Beach Health Department works to ensure a healthy lifestyle, good nutrition and proper prenatal care for pregnant women. In 2010, 79% of pregnant women in Long Beach began prenatal care during their first trimester. The Maternal, Child and Adolescent Health Program helps women in Long Beach find early prenatal and perinatal care and remain free of tobacco and other harmful substances. In 2010, approximately 57% of women in Long Beach received assistance from Women, Infants & Children (WIC), a federally funded health and nutrition program for women, infants and children. Providing women with quality prenatal care can help reduce the number of low birthweight births, help decrease infant mortality and assure proper maternal health.

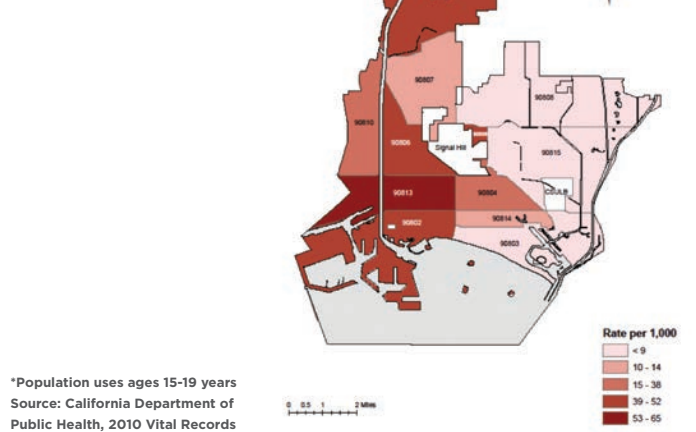
Source:

<http://www.cdph.ca.gov/programs/wicworks/Pages/default.aspx>

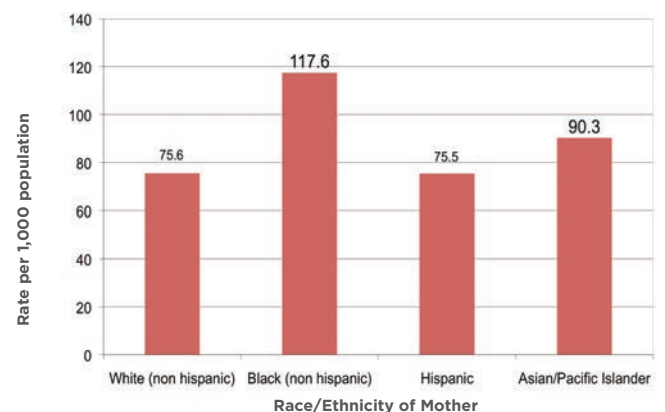
Graph 5: Teen births by race/ethnicity. City of Long Beach, 2010



Map 2: Teen birth rate by zip code City of Long Beach, 2010



Graph 6: Rate of low birthweight* by race/ethnicity City of Long Beach, 2010



*Low birthweight is less than 2,500 grams (5.5 pounds) Note: Other race/ethnicity including American Indian, Alaskan Native, and those who refused to state had a rate of 115.4. Rates calculated per 1,000 population of total live births
Source: California Department of Public Health, 2010 Vital Records

Death

In 2010, there were 2,868 deaths registered in Long Beach. The crude mortality rate for men and women was 7 and 6 deaths per 1,000 people, respectively. Among the leading causes of death, classified by the International Classification of Diseases (ICD-10), heart

“...heart disease was the number one cause of death for both men and women...”

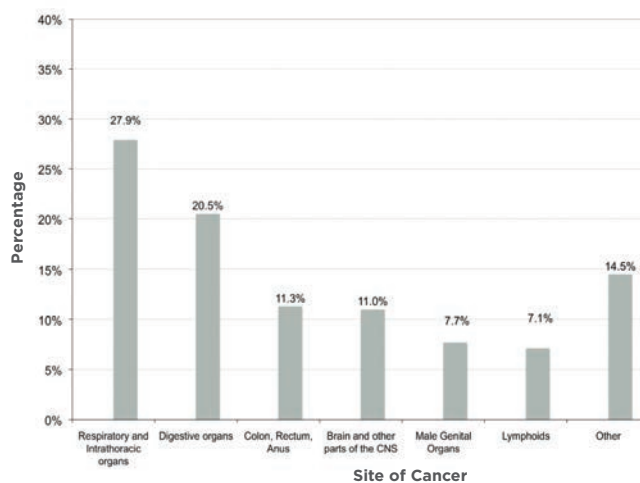
disease was the number one cause of death for both men and women, followed by malignant neoplasm (cancer). Men in Long Beach had higher numbers of accidents and self-harm (suicide), while women had higher rates of hypertension and renal disease. The leading causes of death vary across the different age groups. The main causes of mortality among young adults ages 20-34 in 2010 were accidents, assault (homicide) and intentional self-harm (suicide), whereas the leading causes of death among the 45-64 year age group were heart disease, cancer and accidental death.

Table 1: Ten leading causes of mortality
City of Long Beach, 2005 & 2010

	2005	2010
ALL CAUSES	3238	2871
1 Diseases of the Heart	1029 (31.8%)	835 (29.1%)
2 Malignant Neoplasms (Cancer)	660 (20.4%)	642 (22.4%)
3 Chronic Lower Respiratory Disease	232 (10.0%)	184 (6.4%)
4 Cerebrovascular Disease	189 (5.8%)	165 (5.7%)
5 Alzheimer's Disease	69 (2.1%)	106 (3.7%)
6 Accidents	106 (3.3%)	97 (3.4%)
7 Diabetes Mellitus	82 (2.5%)	88 (3.1%)
8 Influenza and Pneumonia	115 (3.6%)	84 (2.9%)
9 Chronic Liver Disease and Cirrhosis	54 (1.7%)	64 (2.2%)
10 Intentional Self Harm (Suicide)	39 (1.2%)	49 (1.7%)

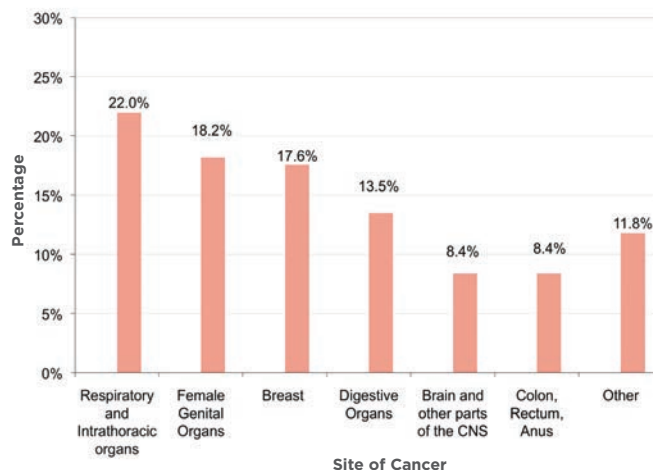
Source: State of California, Department of Public Health, 2005 and 2010 Vital Records

Graph 7: Cancer mortality by site among men. City of Long Beach, 2010



Population based on all male mortality from cancer
Source: California Department of Public Health, 2010 Vital Records

Graph 8: Cancer mortality by site among women. City of Long Beach, 2010



Population based on all female mortality from cancer
Source: California Department of Public Health, 2010 Vital Records

Table 2: Death caused by unintentional injuries
City of Long Beach, 2010

External Cause	Sex		Total
	Male	Female	
Motor Vehicle Accidents	23 (16.5%)	10 (21.7%)	33 (17.8%)
Falls	10 (7.2%)	7 (15.2%)	17 (9.2%)
Accidental poisoning/Exposure to noxious substances	23 (16.5%)	15 (32.6%)	38 (20.5%)
Self-harm (suicide)	45 (32.4%)	4 (8.7%)	49 (26.5%)
Assault (homicide)	31 (22.3%)	4 (8.7%)	35 (18.9%)
Undetermined Intent	3 (2.2%)	0 (0%)	3 (1.6%)
Other	4 (2.9%)	6 (13.0%)	10 (5.4%)
Total	139	46	185

Population based on total mortality from external causes
Source: California Department of Public Health, 2010 Vital Records

Accidental Deaths

In 2010, men experienced the highest rates of deaths caused by unintentional injuries, including motor vehicle accidents (37%), falls (19%) and poisonings or exposure to noxious substances (43%).

Infant Mortality

Infant mortality rates are important indicators of the overall health of a community, and there have been great efforts to reduce infant mortality by providing early prenatal care and improved medical technologies. Long Beach has experienced drastic declines in infant mortality in recent years. In 2008, the infant mortality

“...there have been great efforts to reduce infant mortality by providing early prenatal care and improved medical technologies. ”

rate in Long Beach dropped to 4 deaths per 1,000 live births and remained the same in 2010, meeting the Healthy People 2010 goal of 4 deaths per 1,000 live birth (FHOP, UCSF). African Americans have historically had the highest rates of infant mortality when compared to other races and ethnicities. The African-American Infant Health Project (AAIHP) in Long Beach works to provide positive pregnancy outcomes to increase infant survival rates among the African American population.

Source:

http://fhop.ucsf.edu/fhop/htm/ca_mcah/counties/19longbeach.htm

CHRONIC DISEASES

Chronic diseases such as asthma, diabetes, heart disease and obesity account for 70% of all deaths in the United States. They are an important public health concern because they are the leading causes of death and disability and are also the most costly and preventable diseases. Chronic diseases are more prevalent among older adults but can affect all ages. The risk of developing chronic diseases can be reduced by practicing a healthy lifestyle such as avoiding tobacco, eating well and exercising regularly.

Source:

<http://www.cdc.gov/chronicdisease/resources/publications/aag/chronic.htm>

<http://www.cdc.gov/chronicdisease/states/pdf/california.pdf>

Asthma

Asthma is a disease of the lungs that causes breathlessness, chest tightening, and coughing. It is one of the most common diseases among children, but adults can also have it. There is no cure for asthma and it is often unclear what causes it. Asthma attacks, however, only occur when something bothers the lungs. Being aware of warning signs and staying away from possible triggers can control these attacks. Common triggers include tobacco smoke, dust mites, outdoor air pollution, cockroach allergen, pets, mold and smoke from burning wood or grass. It is estimated that 15% of children suffer from asthma in Long Beach, compared to just 9% of children in the U.S.

Source:

<http://www.cdc.gov/asthma/faqs.htm>

<http://www.cdc.gov/nchs/fastats/asthma.htm>

http://www.pediatricasthma.org/community_coalitions/long_beach_ca

Obesity

In the United States, about one-third of the adult population and 17% of children are considered obese. The rate of obesity in the US has doubled for adults and tripled for children from 1980 to 2008. Studies show that while obesity rates among all races, ethnicities and age groups have increased, there are particular groups in which it is more prevalent. For example, more than 30% of low-income children and teens in California are overweight. Among men, the prevalence of obesity is similar at all income levels and education levels but higher income women and higher educated women are less likely to be obese when compared to low income and less educated women.

Obesity increases the risks of many health problems including heart disease, stroke, type 2 diabetes and mental health conditions. Programs such as the Health Department's Childhood Obesity Prevention and Advocacy Program (COPA) have targeted

Table 3: Weight classification of 5th graders*
City of Long Beach, 2009-2010

Weight Classification	Percentage
Obese	31.9%
Overweight	20.4%
Healthy Weight	46.3%
Underweight	1.3%

Source: Long Beach Unified School District
<http://lbcdb.cgu.edu/DataTables2012.aspx?EEAA>
* 4,745 students measured

underserved communities in Long Beach to help make healthy food choices accessible to more people and in turn to prevent diseases such as diabetes and heart disease that often result from obesity. Healthy Active Long Beach is another program that works to teach local families about maintaining a healthy eating budget, decreasing sugary foods and beverages and finding fun ways for families to become more active.

Source:

<http://www.longbeach.gov/health>
<http://www.cdc.gov/chronicdisease/resources/publications/aag/obesity.htm>
<http://www.cdc.gov/obesity/data/adult.html>
<http://www.cdph.ca.gov/programs/COPP/Documents/COPP-ObesityPreventionPlan-2010.pdf.pdf>

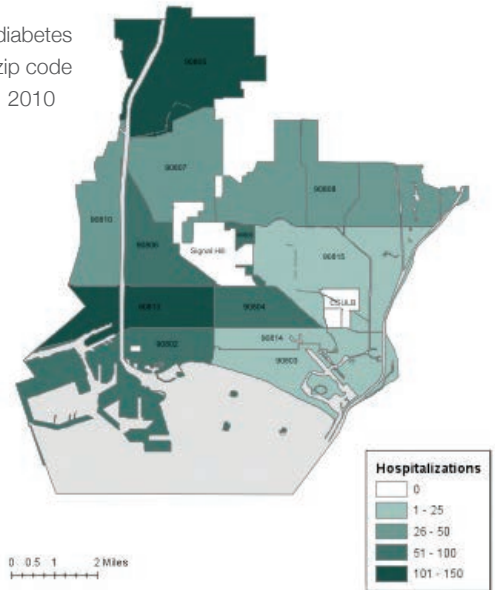
Diabetes

Diabetes is caused when blood glucose levels are above normal because the body does not make enough insulin or cannot use its insulin properly. It is the seventh leading cause of death in the City of Long Beach, and affects 25.8 million people in the United States. Diabetes can cause serious health problems like heart diseases, blindness, kidney failure and lower-extremity amputations. Type 1 diabetes (previously known as insulin-dependent or juvenile onset) accounts for approximately 5% of the total cases, whereas type 2 (non-insulin dependent or adult onset) accounts for approximately 90% of cases. Treatment for type 2 diabetes includes healthy eating habits, physical activity and monitoring blood glucose levels. Some patients also require medication to control their blood glucose levels.

Source:

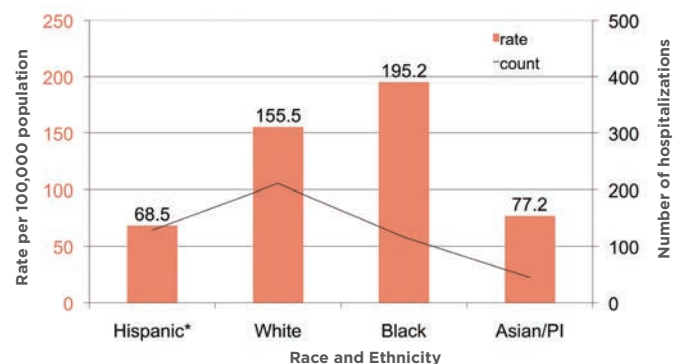
<http://www.cdc.gov/diabetes/consumer/learn.htm>

Map 3: Number of diabetes hospitalizations by zip code
City of Long Beach, 2010



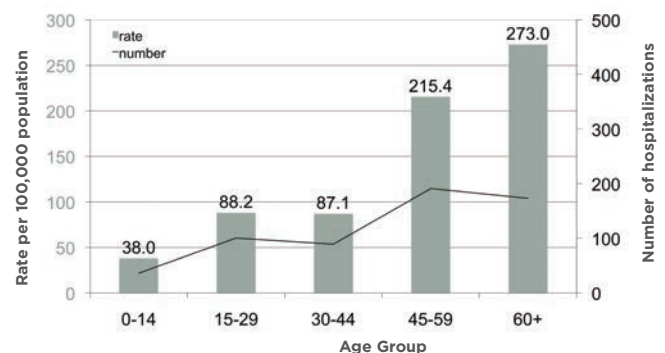
Source: The California Office of Statewide Health Planning and Development (OSHPD)

Graph 10: Rate of diabetes mellitus (DM) by race and ethnicity
City of Long Beach, 2010



Source: The California Office of Statewide Health Planning and Development (OSHPD)

Graph 11: Rate of diabetes mellitus (DM) by age
City of Long Beach, 2010



Source: The California Office of Statewide Health Planning and Development (OSHPD)

COMMUNICABLE DISEASES

An important role of public health is communicable disease surveillance, prevention and control. According to the California Code of Regulations in the process described earlier, there are 85 reportable communicable diseases in Long Beach. Below is a report on those diseases that are of particular interest to Long Beach.

Table 4: Rate of selected diseases. City of Long Beach, 2005-2010

City of Long Beach Department of Health and Human Services

Select Reported Cases and Case Rates (Per 100,000 Population), 2005-2010

DISEASE	2005		2006		2007		2008		2009		2010	
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
Amebiasis	7	1.4	6	1.2	12	2.4	*	*	*	*	6	1.3
Campylobacteriosis	39	8.0	36	7.3	35	7.1	38	7.7	48	9.8	49	10.6
Chlamydia	2368	484.7	2447	500.3	2654	541.4	2723	552.7	2519	513.2	2422	524
Coccidioidomycosis	*	*	6	1.2	16	3.2	17	3.5	11	2.2	10	2.2
Cryptosporidiosis	*	*	9	1.8	*	*	7	1.4	*	*	8	1.7
Giardiasis	50	10.2	44	9.0	35	7.1	30	6.1	19	3.9	13	2.8
Gonococcal Infection	651	133.2	588	120.2	602	122.8	479	97.2	365	74.4	425	91.9
Hepatitis A	22	4.5	21	4.3	9	1.8	5	1.0	*	*	7	1.5
Kawasaki Syndrome	5	1.0	*	*	5	1.0	8	1.6	*	*	*	*
Meningitis, Viral	45	9.2	32	6.5	33	6.7	55	11.2	29	5.9	24	5.2
Pertussis	41	8.4	11	2.2	*	*	*	*	12	2.4	69	14.9
Salmonellosis	42	8.6	52	10.6	60	12.2	45	9.1	41	8.4	48	10.4
Shigellosis, Total	42	8.6	27	5.5	19	3.9	19	3.9	17	3.5	36	7.8
Tuberculosis	53	10.8	39	7.9	39	7.9	47	9.5	45	9.2	42	9.1
Typhus Fever	*	*	5	1.0	7	1.4	*	*	12	2.4	7	1.5

* < 5 cases reported

State of California, Dept of Finance, E-4 Population Estimates for Cities, Counties, and the State

Source: City of Long Beach Department of Health and Human Services, Epidemiology Program

California Department of Health Services, STD Control

California Department of Public Health, TB Control

State of California, Department of Finance, E-4 Population Estimates for Cities, Counties and the State, 2001-2010, with 2000 & 2010 Census Counts. Sacramento, California, September 2011

Food and Waterborne Diseases

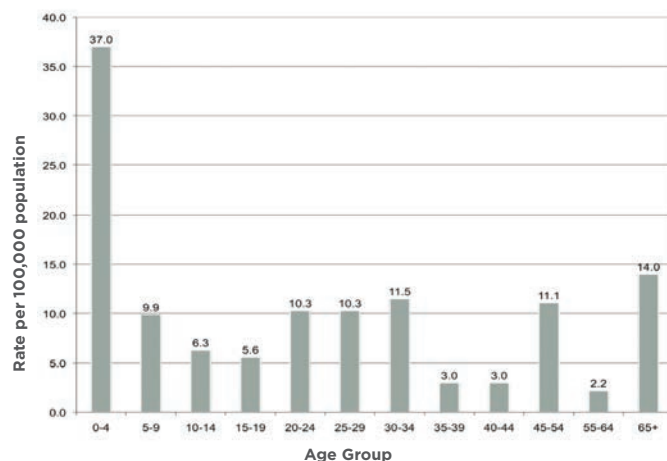
Generally transmitted via the fecal/oral route, food and waterborne diseases can be prevented by good sanitation, proper hand washing and proper food handling techniques. In order to reduce the potential impact of these diseases, the Health Department has several programs in place to prevent food and waterborne outbreaks, including restaurant inspections, food handler education and an epidemiology surge team to help conduct outbreak investigations.

Graph 12: Incidence rate of salmonellosis. City of Long Beach, 2005-2010



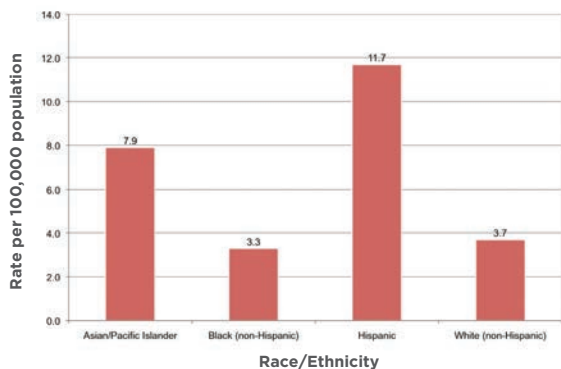
Source: Long Beach Department of Health and Human Services, Epidemiology Program

Graph 13: Incidence rate of salmonellosis by age group. City of Long Beach, 2010



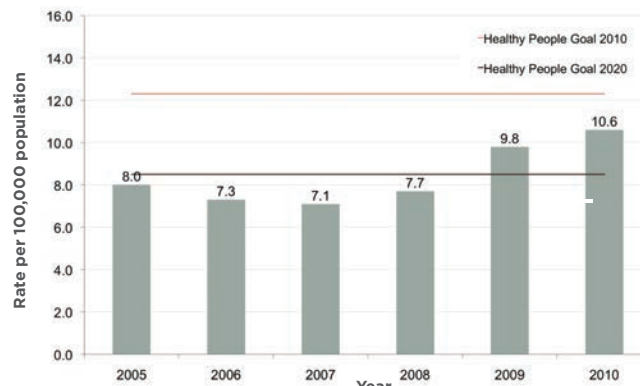
Source: Long Beach Department of Health and Human Services, Epidemiology Program

Graph 14: Incidence rate of salmonellosis by race/ethnicity
City of Long Beach, 2010



Source: Long Beach Department of Health and Human Services, Epidemiology Program

Graph 15: Incidence rate of campylobacteriosis by year
City of Long Beach, 2005-2010

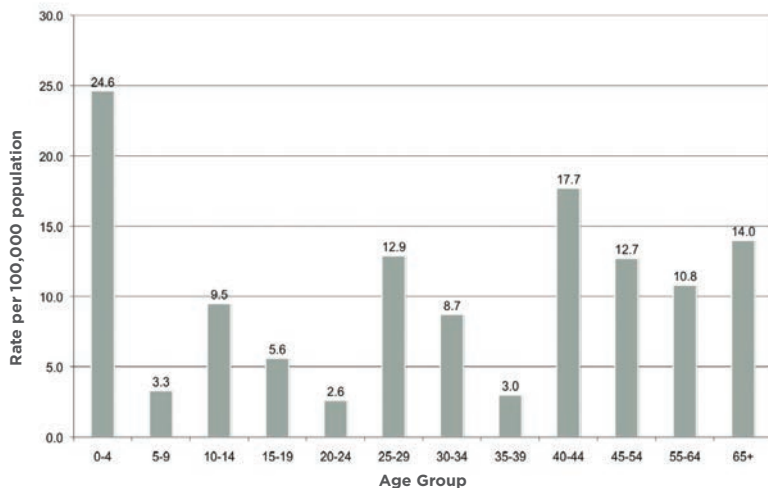


Source: Long Beach Department of Health and Human Services, Epidemiology Program

Salmonellosis

Salmonella is a group of bacteria that is primarily transmitted to humans by eating contaminated food of animal origins such as beef, poultry, milk or eggs, however raw vegetables can also be contaminated. *Salmonella* may also be transmitted by fecal-oral contamination spread by food handlers who do not practice proper hand washing. *Salmonella* disproportionately affects children under five years old. In 2010, Long Beach had an incidence rate of 10.4 cases per 100,000 population, which remains above the Healthy People 2010 goal of 6.8 per 100,000 population.

Graph 16: Incidence rate of campylobacteriosis by age group
City of Long Beach, 2010



Source: Long Beach Department of Health and Human Services, Epidemiology Program

Campylobacteriosis

Campylobacteriosis is one of the most common causes of diarrheal illness in the United States. *Campylobacter* bacteria can be found in meat from poultry, pigs and cattle, and is often found in unpasteurized milk products. Rates of *Campylobacter* have been steadily increasing in Long Beach since 2007, but rates remain below the Healthy People goal of 12.3 cases per 100,000 population. As with *Salmonella*, *Campylobacter* disproportionately affects young children.

Tuberculosis

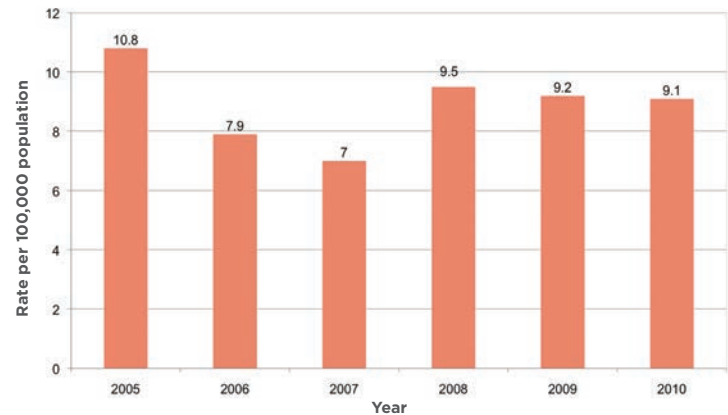
Tuberculosis (TB) is a communicable disease caused by *Mycobacterium tuberculosis*. It is spread through the air from one person to another, usually by coughing or sneezing. The bacteria can attack any part of the body, but usually affects the lungs. Foreign-born individuals tend to be at higher risk for TB due to the fact that many come from countries where TB is endemic. In Long Beach, the rate of TB for 2010 was 9 per 100,000 population; 79% of which were foreign born. This is much higher than the national rate of 3.8 cases per 100,000 population.

Source:

[http://www.cdph.ca.gov/data/statistics/Pages/Tuberculosis Disease Data.aspx](http://www.cdph.ca.gov/data/statistics/Pages/Tuberculosis%20Disease%20Data.aspx)

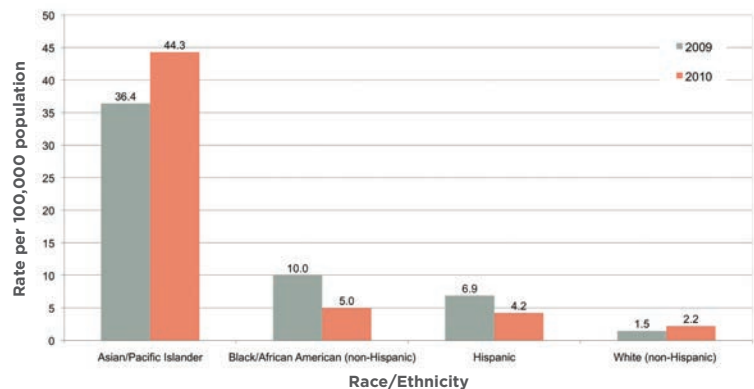
“In Long Beach, the rate of Tuberculosis for 2010 was 9 per 100,000 population...”

Graph 17: Incidence rate of active tuberculosis by year
City of Long Beach, 2005-2010



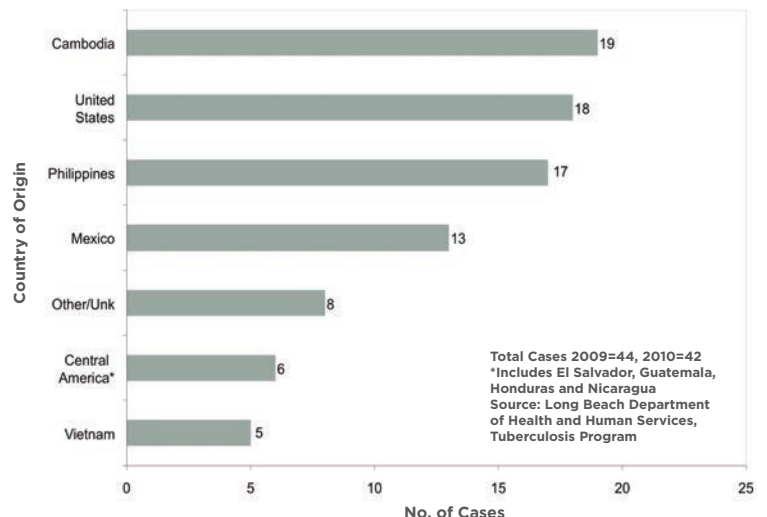
Source: Long Beach Department of Health and Human Services, Epidemiology Program

Graph 19: Incidence rate of tuberculosis by race/ethnicity
City of Long Beach, 2009-2010



Source: Long Beach Department of Health and Human Services, Tuberculosis Program

Graph 18: Tuberculosis cases by country of origin. City of Long Beach, 2009-2010



*Country in which the patient lived and probably held citizenship during the early years of life.
Source: Long Beach Department of Health and Human Services, Tuberculosis Program

Sexually Transmitted Diseases

Chlamydia

Chlamydia is the most common reportable disease in the United States and in Long Beach. Chlamydia is caused by the bacterium *Chlamydia trachomatis* and is transmitted through sexual contact with an infected partner. Women are disproportionately diagnosed with

“Chlamydia is the most common reportable disease in the United States and in Long Beach.”

chlamydia, representing 73% of all cases in Long Beach in 2010. Chlamydia is treated with antibiotics, however, untreated infections can lead to pelvic inflammatory disease (PID), one of the most common causes of ectopic pregnancy and infertility in women. Long Beach had the fourth highest rate of chlamydia in California in 2010, with 524 cases per 100,000 population, which was higher than both State rates (400 per 100,000 population) and US rates (426 per 100,000 population).

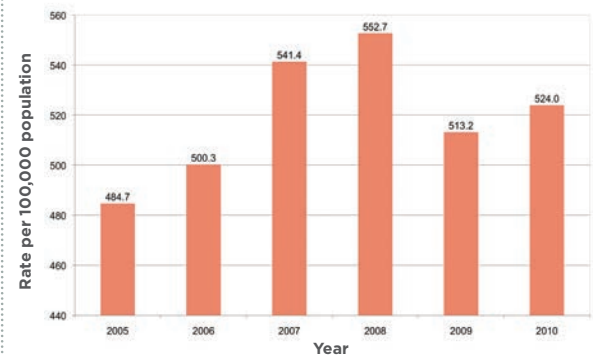
Source:

<http://www.cdph.ca.gov/data/statistics/Documents/STD-Data-2010-Report.pdf>

<http://www.cdc.gov/std/stats10/default.htm>

Graph 20: Incidence rate of chlamydia by year

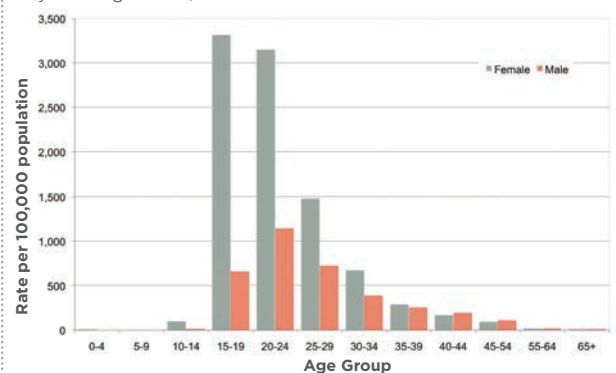
City of Long Beach, 2005-2010



Source: Long Beach Department of Health and Human Services, Epidemiology Program

Graph 21: Incidence rate of chlamydia by age and sex

City of Long Beach, 2010

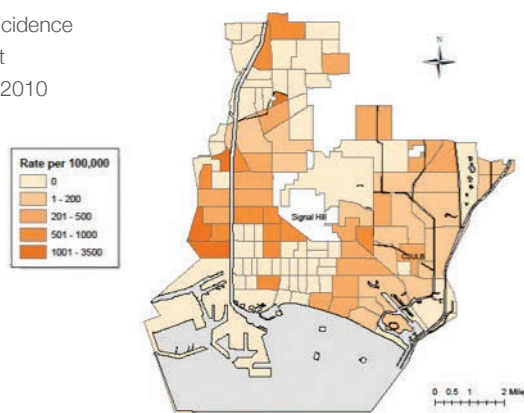


Source: Long Beach Department of Health and Human Services, Epidemiology Program

Map 4: Chlamydia incidence

rates by census tract

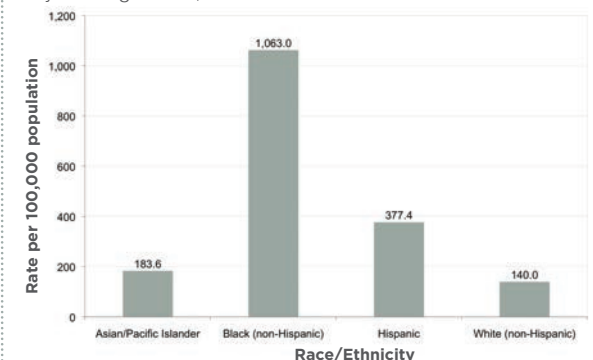
City of Long Beach, 2010



Source: Long Beach Department of Health and Human Services, Epidemiology Program

Graph 22: Incidence rate of chlamydia by race/ethnicity

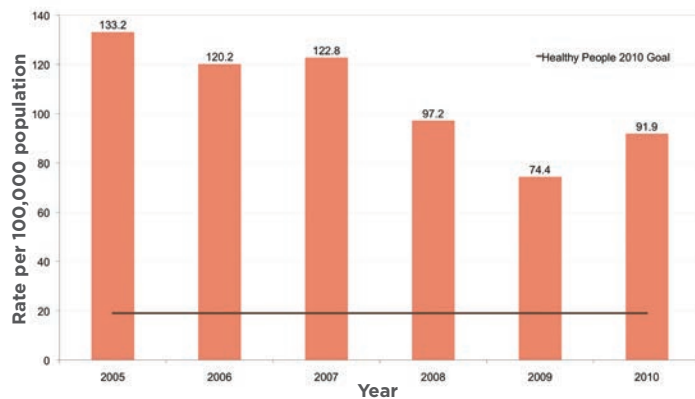
City of Long Beach, 2010



Total Cases = 2422 (Asian/PI=116, Black=637, Hispanic=711, White=190, Native American=4, Unk/Other=764)

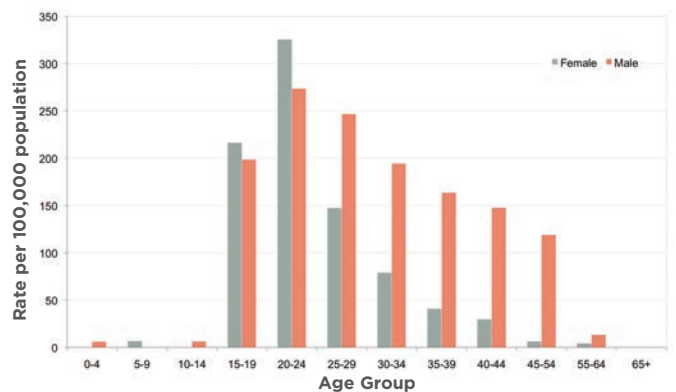
Source: Long Beach Department of Health and Human Services, Epidemiology Program

Graph 23: Incidence rate of gonorrhea by year
City of Long Beach, 2005-2010



Source: Long Beach Department of Health and Human Services, Epidemiology Program

Graph 24: Incidence rate of gonorrhea by age and sex
City of Long Beach, 2010



Source: Long Beach Department of Health and Human Services, Epidemiology Program

Gonorrhea

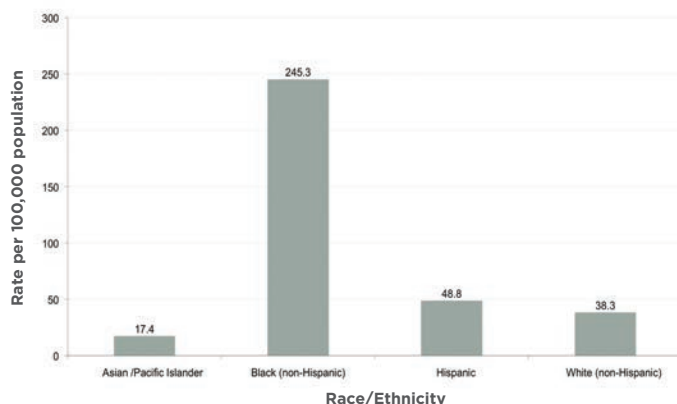
Gonorrhea is a sexually transmitted infection that is second only to chlamydia in terms of the number of cases reported annually. As with chlamydia, gonorrhea can lead to pelvic inflammatory disease in women if untreated. Antibiotics are used to treat gonorrhea, however in the last several years new antibiotic resistant strains have emerged, making it more difficult to treat. There now remains only one class of antibiotics effective in treating gonorrhea, called cephalosporins. Threat of developing resistance to these drugs is a public health concern, thus close surveillance is essential. Long Beach gonorrhea rates in 2010 were 92 per 100,000 population, which is higher than the State rate of 69 per 100,000 population but lower than the overall US rate of 101 per 100,000 population.

Source:

<http://www.cdph.ca.gov/data/statistics/Documents/STD-Data-2010-Report.pdf>

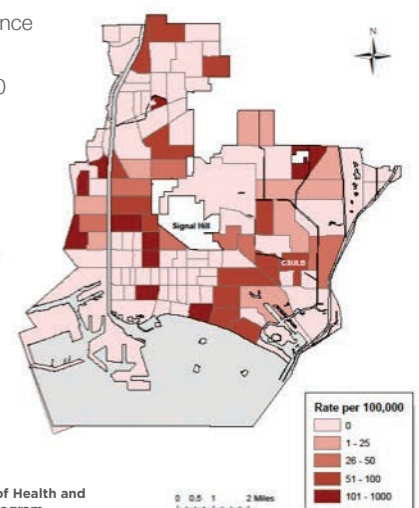
<http://www.cdc.gov/std/stats10/default.htm>

Graph 25: Incidence rate of gonorrhea by race/ethnicity
City of Long Beach, 2010



Total cases = 425 (Asian/PI=11, Black=147, Hispanic=92, White=52, Other/Unknown=123)
Source: Long Beach Department of Health and Human Services, Epidemiology Program

Map 5: Gonorrhea incidence rates by census tract
City of Long Beach, 2010



Source: Long Beach Department of Health and Human Services, Epidemiology Program

Syphilis

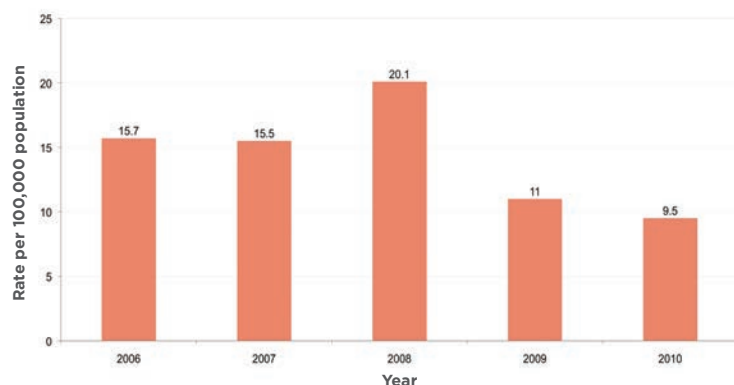
Syphilis is a sexually transmitted bacterial infection caused by the bacterium *Treponema pallidum*. Well known for causing devastating epidemics in the past, it is now easily prevented and treated with antibiotics. In 2010, Long Beach had the third highest rate of primary and secondary syphilis in California with a rate

“In 2010, Long Beach had the third highest rate of primary and secondary syphilis in California with a rate of 10 cases per 100,000 population...”

of 10 cases per 100,000 population, which is more than twice the national rate of 4.5 per 100,000 population. Syphilis disproportionately affects men who have sex with men (MSM), who represented 82% of cases in Long Beach in 2010.

Source: <http://www.cdph.ca.gov/data/statistics/Documents/STD-Data-2010-Report.pdf>
<http://www.cdc.gov/std/stats10/default.htm>

Graph 26: Incidence rate of primary and secondary syphilis by year
City of Long Beach, 2006-2010



Source: California Department of Public Health, Sexually Transmitted Disease Control

HIV and AIDS

The Centers for Disease Control and Prevention (CDC) estimates that 47,500 people became newly infected with HIV in the U.S in 2010. The number of newly infected people each year has remained stable since the mid-1990s. Men who have sex with men (MSM) are disproportionately affected with HIV, as they make up an estimated 4% of the U.S. population but represented 63% of new HIV infections in 2010. The CDC estimates that 1 in 5 people infected with HIV are unaware of their infection, which highlights the importance of access to HIV testing.

The cumulative rate of AIDS cases in Long Beach in 2010 was 1,314 cases per 100,000 population, which is double that of Los Angeles County at 580 cases per 100,000 population. The Long Beach Health Department offers anonymous and confidential HIV testing, along with an HIV Care and Coordination Program for those infected with HIV, which includes medical services, health education, case management, treatment advocacy, support and direct linkage to outside services when needed. Finally, the Health Department offers HIV testing and counseling services through its Mobile Clinic at various locations and community events around Long Beach.

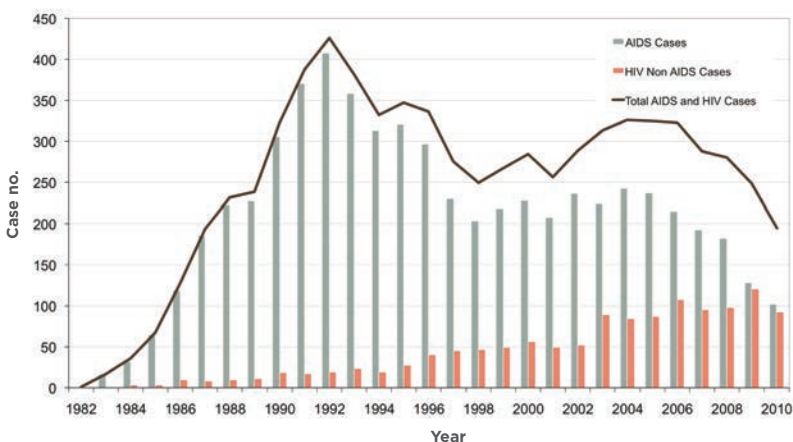
Source:

www.longbeach.gov/civica/filebank/blobdload.asp?BlobID=35546

<http://www.cdc.gov/nchhstp/newsroom/docs/2012/HIV-Infections-2007-2010.pdf>

Graph 27: Number of HIV and AIDS cases

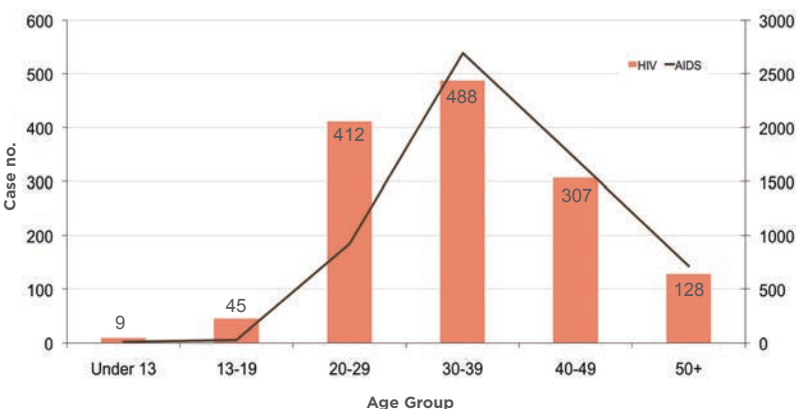
City of Long Beach, 1982-2010



Source: Long Beach Department of Health and Human Services, HIV Surveillance Program

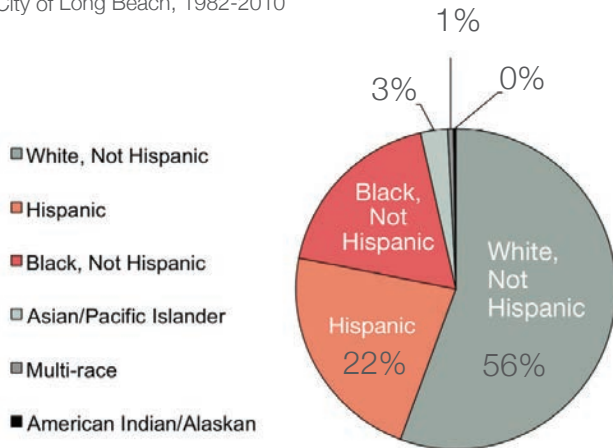
Graph 28: Cumulative number of HIV and AIDS cases by age group

City of Long Beach, 1982-2013



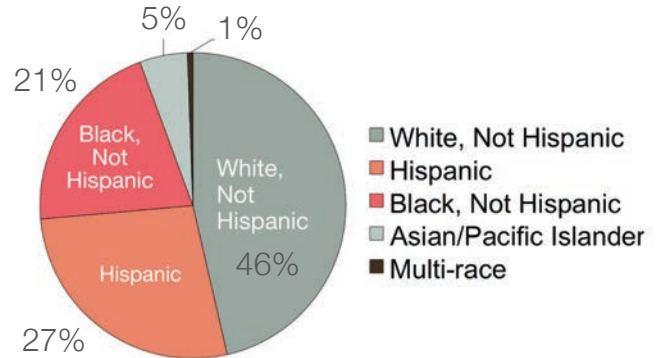
Source: Long Beach Department of Health and Human Services, HIV Surveillance Program

Graph 29: Cumulative number of AIDS cases by ethnicity
City of Long Beach, 1982-2010



Source: Long Beach Department of Health and Human Services, HIV Surveillance Program

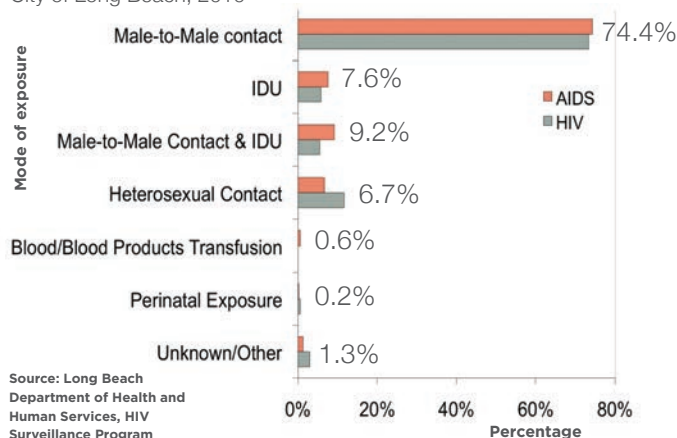
Graph 30: Cumulative number of HIV cases by ethnicity
City of Long Beach, 1982-2010



Source: Long Beach Department of Health and Human Services, HIV Surveillance Program

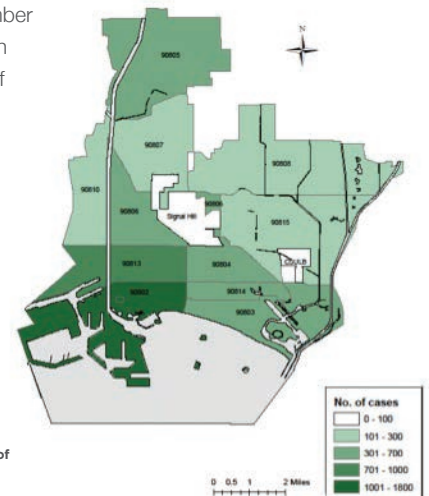
“The cumulative rate of AIDS cases in Long Beach in 2010 was 1,314 cases per 100,000 population, which is double that of Los Angeles County at 580 cases per 100,000 population.”

Graph 31: HIV and AIDS cases by mode of exposure
City of Long Beach, 2010



Source: Long Beach Department of Health and Human Services, HIV Surveillance Program

Map 3: Cumulative* number of people diagnosed with AIDS by zip code. City of Long Beach, 2010



Source: Long Beach Department of Health and Human Services, HIV Surveillance Program

IMMUNIZATIONS & VACCINE PREVENTABLE DISEASES

An important responsibility of public health is the delivery of childhood vaccinations. The California Department of Public Health (CDPH) and Centers for Disease Control and Prevention (CDC) recommend childhood immunizations against polio, hepatitis A, hepatitis B, diphtheria, tetanus, pertussis, invasive *Haemophilus influenzae* infections, measles, mumps, rubella, polio, rotavirus, pneumococcal disease and varicella (chicken pox).

Table 5: Rates of kindergarten immunizations
City of Long Beach, 2010

	Long Beach	Los Angeles County	California
Up-to-date ^a	93.4%	89.3%	90.7%
Conditional Entrant ^b	4.9%	9.0%	6.8%
Personal Belief Exemption ^c	1.1%	1.6%	2.5%

a Up-To-Date: 4 doses of polio vaccine at any age (or 3 if at least one dose on or after the fourth birthday); and 5 doses DTaP at any age (or 4 if at least one dose was received on or after the fourth birthday); and two doses of MMR given on or after the first birthday; and 3 doses of hepatitis B vaccine; and 1 dose varicella vaccine or physician documented varicella disease

b Conditional Entrant is a student who does not meet all requirements because he/she is not yet due for a required dose. Follow-up required when doses are due.

c A Personal Belief Exemption (PBE), whereby a parent signs an affidavit requesting an exemption from some or all of the required doses for a non-medical reason.

Source: Long Beach Department of Health and Human Services, Immunization Project

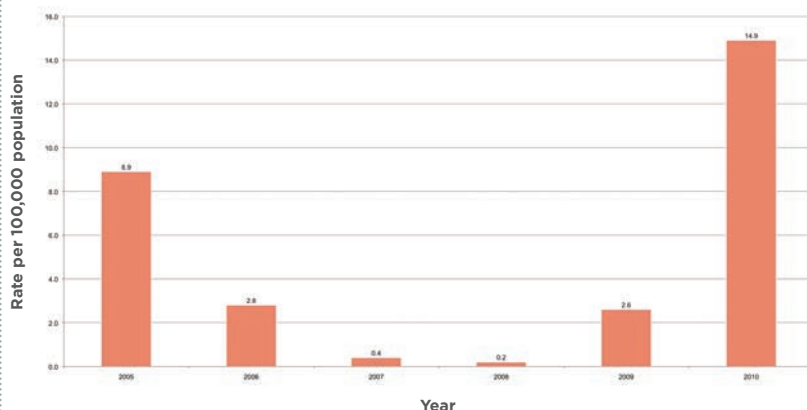
“Long Beach has a higher percentage of kindergarteners who are up to date on their shots than both Los Angeles County and California.”

Long Beach has a higher percentage of kindergarteners who are up to date on their shots than both Los Angeles County and California.

Source: <http://www.cdc.gov/vaccines/schedules/easy-to-read/child.html>

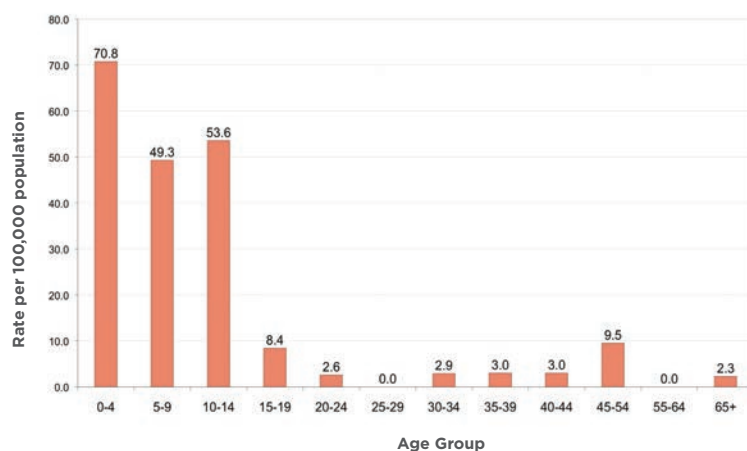
<http://www.cdph.ca.gov/programs/immunize/Pages/SchedulesandRecommendations.aspx>

Graph 32: Incidence rate of pertussis by year
City of Long Beach, 2005-2010



Source: Long Beach Department of Health and Human Services, Epidemiology Program

Graph 33: Incidence rate of pertussis by age group
City of Long Beach, 2010



Source: Long Beach Department of Health and Human Services, Epidemiology Program

Pertussis

Pertussis, more commonly known as “whooping cough”, is a bacterial infection caused by *Bordetella pertussis*. Pertussis causes respiratory disease and often a unique “whooping” sound after an infected person coughs. Pertussis is transmitted by inhaling droplets from an infected person who coughs or sneezes in close proximity to others. Outbreaks of pertussis most often occur in places where people have close contact, such as day cares and schools. California saw high numbers of pertussis in 2010, jumping from 2 cases per 100,000 population in 2009 to 15 cases per 100,000 in 2010. Cases have since decreased due to promotion of adult pertussis vaccine boosters as well as close monitoring and intervention to prevent outbreaks.

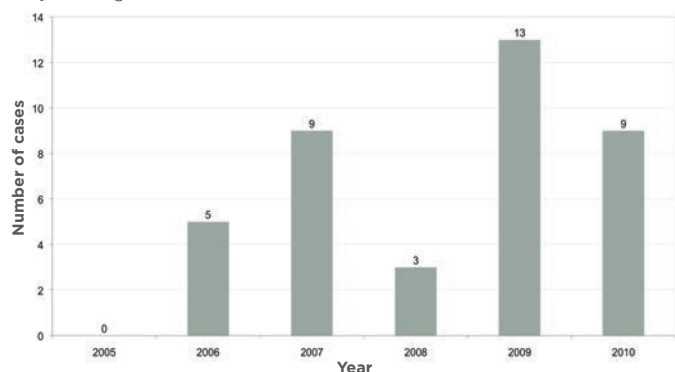
“Pertussis causes respiratory disease and often a unique “whooping” sound after an infected person coughs.”

Vector-borne Diseases

Typhus

Murine typhus is caused by the small bacteria *Rickettsia typhi* and is transmitted by fleas. Infected fleas can jump from wild animals to cats or dogs, who then bring them home. People become infected when fleas defecate while biting and feeding on them. When a person scratches the bite, the bacteria from the feces can enter the wound and into the blood stream. Most people recover within days of antibiotic treatment, however complications resulting in hospitalizations can occur. There were no reported human cases of typhus in Long Beach prior to 2006, however since then it has become endemic. Areas of Long Beach that see the most typhus are those closest to park areas where feral or wild animals live.

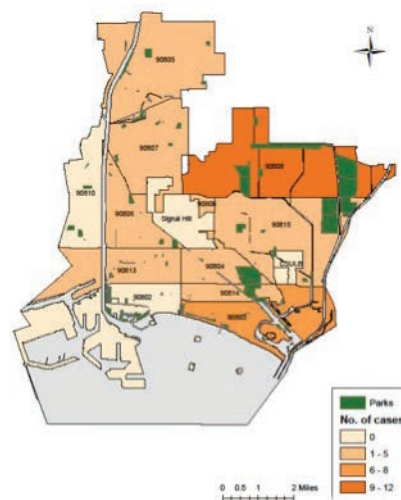
Graph 34: Typhus cases by year
City of Long Beach, 2005-2010*



Source: Long Beach Department of Health and Human Services, Epidemiology Program
*No murine typhus cases previously reported in City of Long Beach prior to 2006

“There were no reported human cases of typhus in Long Beach prior to 2006, however since then it has become endemic.”

Map 3: Cumulative typhus cases by zip code.
City of Long Beach, 2006-2010



Source: Long Beach Department of Health and Human Services, Epidemiology Program

TECHNICAL NOTES

The City of Long Beach Health Statistics Report, issued in the Fall of 2013, is a compilation of 2010 births, mortality and morbidity data for Long Beach residents. Various sources were used to compile this report. Demographic data, including population estimates, are taken from the 2010 U.S. Census. The birth, death and morbidity data are obtained from the Automated Vital Statistics System and the California Public Health Information System. The California Department of Public Health's Sexually Transmitted Disease Control Branch provided the syphilis data. All other data sources are cited throughout the report.

If you have questions or comments about the data contained in this report, please call the City of Long Beach Department of Health and Human Services at 562.570.4000

Vital statistics events (births and deaths) are registered at the City's Health Department and sent to the California Department of Public Health, where events are officially counted, including events that happen in other jurisdictions among Long Beach residents. Communicable disease data for 2010 are based on reports submitted under Title 17, California Code of Regulations (CCR) Section 2500 and Section 2505, which requires that all health care providers and laboratories report communicable diseases and select conditions to local health jurisdictions.

If you have questions or comments about the data contained in this report, please call the City of Long Beach Department of Health and Human Services at 562.570.4000. For more information on disease reporting, please call the Health Department's Epidemiology Program at 562.570.4302.

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GLOSSARY

Adolescent Mothers/Pregnancy:

Mothers younger than 18 years of age.

Birth Rate:

Number of live births reported during a specified period of time, usually one year, divided by the population of the area during a specific time period. Reported per 1,000 population.

Census Tract:

A group of adjacent blocks with an average total population, in Long Beach, of about 5,400 residents.

Center for Disease Control and Prevention (CDC):

Federal agency that serves as the national focus for developing and applying disease prevention and control, environmental health, and health promotion and health education activities designed to improve the health of the people of the United States.

Country of Origin:

Country in which a person lived and probably held citizenship during the early years of life.

Crude Mortality Rate:

The number of deaths during a specified period of time, usually one year, divided by the population during that time period. Reported per 1,000 population.

Fecal/Oral Route:

Transmission of infection usually due to fecal contamination of an object that has oral contact. Such objects often include hands, toys and food preparation utensils. This type of transmission can be prevented by good hygiene including proper hand washing after using the restroom or before preparing food.

Fetal Death Rate:

A death at 20 or more weeks gestation identified by the lack of signs of life at delivery. These signs of life include breathing, heartbeat, pulsating umbilical cord or definite movement of voluntary muscles. The rate

is the number of fetal deaths during a specified period of time, divided by the number of live births plus fetal deaths during the same period. Reported per 1,000 births.

Incidence:

The number of new cases occurring during a specified period of time divided by the number of people at risk, usually the entire population at the midpoint of the time period.

Infant Mortality Rate:

The number of deaths under one year of age divided by the number of live births in the same year. Reported by 1,000 live births.

Low Birthweight:

Birthweight less than 2,500 grams or 5.5 pounds for live births.

Prevalence:

The number of cases, new and ongoing, present in the population divided by the total population. This measure highlights conditions that are long in duration.

Unintentional Injury:

Physical infliction induced by an external cause; includes injuries or deaths caused by unanticipated events such as motor vehicle crashes or falls.

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